

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tzvi Avnery

Application No.: 10/666,982 Group: 1795

Filed: September 19, 2003 Examiner: Kishor Mayekar

Confirmation No: 8622

For: GAS CONVERSION SYSTEM

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL	7	MINUS	* 23	0	X \$ 25	\$ []
INDEP	3	MINUS	** 11	0	X \$105	\$ []
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$185	\$ []	+ \$370	\$ []
			TOTAL = \$ []		TOTAL = \$ []	

* not fewer than 20
 ** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$130	\$[]	X \$260	\$[]

Payment Sufficient for up to [] Sheets
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Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____ _____
		\$ _____ _____
		\$ _____ _____
		TOTAL: \$ 0 _____

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____ _____
		\$ _____ _____
		\$ _____ _____
		TOTAL: \$ _____

- Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Darrell L. Wong, Reg. No. 36725/
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Concord, Massachusetts 01742-9133
Dated: January 16, 2009